PP1-14

POVERTY AND MATERNAL AND CHILD HEALTH: CASE STUDY TAJIKISTAN

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Absolute levels of poverty among children and women in Central Asia are still extremely high. According to UNICEF, 14 million out of 44 million children are living in poverty. Poverty rose in Central Asia after the collapse of the former Soviet Union, when the countries went through significant economic and social changes. As social inequalities in Central Asian countries have increased, health inequalities have developed accordingly.

Women and children are most vulnerable. Nearly 70 percent of Tajikistan's population of 6.2 million is under 30 years of age. This young nation faces high infant and maternal mortality, disease, violence and discrimination.UNICEF study 2004 showed that there are some 170,000 new births each year. But 106 out of 1,000 live births do not reach the age of five. Extreme poverty has left mothers unable to care properly for a sick infant. One of major factors contributing to the high level of mortality among children and women is the poor access to healthcare, which forced women to deliver their children at home, a lot of them are not registered, mostly because people cannot afford to shell out a two- or three-dollar fee for registration. Children and women of reproductive age, who are the most frequent consumers of health care, and among the most vulnerable, access most services at the primary level. Strengthening primary care, and capacity of primary care providers, is therefore the key strategy for restructuring the health delivery system to the benefit of the poor.

PP1-15

SITUATION OF THE KINH POOR AND MINORITY WOMEN AND THEIR USE OF THE MATERNAL CARE AND FAMILY PLANNING SERVICE IN NAM DONG MOUNTAINOUS DISTRICT, THUATHIEN-HUE PROVINCE, VIETNAM

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Introduction This study aimed to determine the barriers to the use of maternal care and family planning (MCFP) services by the disadvantaged Kinh people and Katu ethnic minority people in the remote and mountainous area of Nam Dong District in Central Vietnam.
Methods A survey was conducted using a random sample of 420 mothers with at least one child under the age of 5 years. These data were supplemented by interviews with key informants, focus group discussions and observations.
Results Many barriers were identified. The difficulty of the terrain made travel to healthcare centers difficult. The cost of treatment was a barrier for the poorest people. The quality of the services and facilities, as well as the management of these services was perceived to be unsatisfactory. Traditional practices were often described as being contrary to the doctor's advice, and were presented as the reason for unsafe and unassisted home deliveries. Communication was difficult because of the minority languages of the client groups, the prevalence of illiteracy, and the absence of mass communication in this region. Finally, consulting a male healthcare worker was reported to bring the women shame.
Conclusion There is an urgent need for the MCFP services to build both clinical capacity and health promotion activities in a way that is gender sensitive, cognisant of traditional practices and accessible by both illiterate and minority language speaking people.

Key words communication, costs, cultural factors, education, gender studies, information, maternal care and family planning services, quality of services, remote areas in Vietnam, Vietnam.

PP1-16

IMPROVING THE QUALITY OF SEXUAL AND REPRODUCTIVE HEALTH(SRH) SERVICES FOR YOUNG PEOPLE THROUGH OPERATIONS RESEARCH

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The USAID/IPPF funded project, a component of the IPPF i3 Youth Programme utilized the operation research methodology in improving delivery of sexual and reproductive health (SRH) services to young people, to investigate the correlation between service utilization and variables related to youth-friendly SRH services. A baseline survey (diagnostic phase) identified the services available, their target populations, demand for services and their utilization pattern. During the intervention phase, culturally appropriate strategies that address service barriers identified in the baseline survey were implemented and evaluated, aimed at identifying suitable models for youth-friendly SRH services. Methodologies for the study included self-administered questionnaires, face-to face interviews and focus group discussions. Samples were 86 FPA youth clients, 92 non-FPA youth clients and 25 adult key informants from FPAs of Negeri Sembilan and Sarawak. The results of the client exit interview, showed that client satisfaction with the clinic physical environment except for the lack of privacy of consultation areas. The key adult informants stated the necessity for publicity of services available for young people, parents themselves need to be educated and young people need a place to go to for SRH information and services. The outcome of this study indicated a need for a multidisciplinary approach with a gender perspective, appropriate psychosocial and supportive environment for young people, capacity building and strengthening of service providers, active networking and smart partnerships with other youth serving organizations is necessary to ensure a credible, effective and sustainable youth-friendly SRH programme.

PP1-17

GENDER DIFFERENTIALS IN THE INCIDENCE AND PREVALENCE OF RTI AND STIS AND TREATMENT SEEKING BEHAVIOUR IN TAMIL NADU STATE OF INDIA: A MICRO LEVEL INVESTIGATION FROM RCH DATA

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Background The global disease burden of reproductive tract infections (RTIs) is enormous and a major public health concern. If left untreated, RTIs can cause pregnancy-related complications, congenital infections, infertility, and chronic pain. They are also a risk factor for pelvic inflammatory disease and HIV. STIs are the most serious morbidity affecting both men and women in developing countries, but women happen to be the worst victims of this morbidity.
Objectives To examine gender differences in the incidence and prevalence of RTI and STIs and treatment seeking behaviour.